

(1) Person Filing: _____
Street Address: _____
City, State, Zip: _____
Phone Number: _____
Representing Self _____

SUPERIOR COURT OF ARIZONA, COUNTY OF COCONINO

In re the marriage of: _____ Case Number: DO _____
(2) _____
Petitioner (Me) **PETITION FOR LEGAL SEPARATION**
WITH CHILDREN
(3) _____ Including Affidavit Regarding Minor Children
Respondent (My spouse)

I STATE THE FOLLOWING UNDER OATH:

1. THE PARTIES AND THE MARRIAGE:

(4) **My Name:** _____
Street Address: _____ City, State, Zip: _____
Birthdate: _____ Phone Number: _____ Job title: _____
Number of months/years in a row to date I have lived in Arizona: _____
If not living in Arizona now, I ☐ lived ☐ did not live in Arizona at some point during our marriage.

(5) **My Spouse's Name:** _____
Street Address: _____ City, State, Zip: _____
Birthdate: _____ Phone Number: _____ Job title: _____
Number of months/years in a row to date my spouse has lived in Arizona: _____
If not living in Arizona now, my spouse ☐ lived ☐ did not live in Arizona at some point during our marriage.

(6) **The Marriage:** Date of Marriage: _____
City and state or country where we were married: _____
Our marriage is irretrievably broken or I and/or my spouse desire to live separate and apart. The conciliation provisions have been met or do not apply. We do not have a covenant marriage.

Military Service: My spouse is not in military service.

Residency: My spouse and I live in Arizona.

2. MINOR CHILDREN OF THE MARRIAGE:

(7) **Pregnancy:** ☐ Yes ☐ No: Wife is pregnant. Baby is due on _____
☐ Yes ☐ No: Husband is believed to be the father.

(8) **Minor Children:** The following children, who are under 18 and are my spouse's and my biological or adopted children, will have lived in Arizona for at least the six months before I file this Petition or have lived in Arizona since birth.

CHILD'S NAME: _____ Birthdate: _____

Where this child lived, dates lived there, and with whom the child lived, over the last 5 years:

Address	Dates	With whom
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

CHILD'S NAME: _____ Birthdate: _____

Where this child lived, dates lived there, and with whom the child lived, over the last 5 years:

Address	Dates	With whom
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

CHILD'S NAME: _____ Birthdate: _____

Where this child lived, dates lived there, and with whom the child lived, over the last 5 years:

Address	Dates	With whom
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

(9) **18-Year-Old High School Student:** The following child, who is 18 and in high school and is my spouse's and my biological or adopted child, will have lived in Arizona for at least the six months before I file this Petition or has lived in Arizona since birth.

CHILD'S NAME: _____ Birthdate: _____

Where this child lived, dates lived there, and with whom the child lived, over the last 5 years:

Address	Dates	With whom
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

- (10) ☐ Yes ☐ No: I have participated, as a party or witness or in any other capacity, in another court case, described below, about the custody or parenting time of a child named above.

CHILD'S NAME: _____ Case Number: _____
Court Name: _____ Date of Child Custody Determination: _____
Summary of Any Court Order: _____
CHILD'S NAME: _____ Case Number: _____
Court Name: _____ Date of Child Custody Determination: _____
Summary of Any Court Order: _____

- (11) ☐ Yes ☐ No: Another court case, described below, involving a child named above, but not about custody or parenting time, could affect this case.

CHILD'S NAME: _____ Case Number: _____
Court Name: _____
The case is about: ☐ child support ☐ enforcement of court orders ☐ domestic violence
☐ a protective order ☐ adoption ☐ terminating parental rights ☐ a criminal matter ☐ other: _____
CHILD'S NAME: _____ Case Number: _____
Court Name: _____
The case is about: ☐ child support ☐ enforcement of court orders ☐ domestic violence
☐ a protective order ☐ adoption ☐ terminating parental rights ☐ a criminal matter ☐ other: _____

- (12) ☐ Yes ☐ No: Someone other than me or the other parent has physical custody or claims rights of legal or physical custody or visitation with a child named above, as described below.

CHILD'S NAME: _____ Other Person's Name: _____
Other Person's Address: _____
Nature of the Claim: _____
CHILD'S NAME: _____ Other Person's Name: _____
Other Person's Address: _____
Nature of the Claim: _____

- (13) **Child Support Enforcement:** ☐ Yes ☐ No: Arizona Child Support Enforcement has been involved in establishing spousal maintenance for me or the other parent or paternity or child support for any child named above, as described below. If yes, I will deliver a copy of this document to CSE on the day I file it.

CHILD'S NAME: _____
Name of court: _____ Court case number: _____
CHILD'S NAME: _____
Name of court: _____ Court case number: _____

I ASK THE COURT TO ORDER THE FOLLOWING:

1. **LEGAL SEPARATION:** Order that my spouse and I are legally separated.

2. CHILD CUSTODY AND PARENTING TIME:

(14) ☐ **Joint Custody:** Award the parents joint custody of the children as set forth in the Parenting Plan Joint Custody Agreement we signed. No significant domestic violence has occurred between the parties.

(15) ☐ **Sole Custody:** Award ☐ me or ☐ my spouse sole legal custody and physical custody of the children, subject to the following parenting time rights to the non-custodial parent:

(16) ☐ **Parenting time as follows:**

(17) ☐ **Supervised parenting time:** Unsupervised parenting time would seriously endanger the children's physical, mental, moral, or emotional health because:

Parenting time may take place only in the presence of another person, named as follows:

Other restrictions on parenting time:

The cost of supervised parenting time, if any, will be paid ☐ by the parent being supervised or ☐ by the custodial parent or ☐ equally by both parties.

(18) ☐ **No parenting time:** Even supervised parenting time with the other parent would seriously endanger the children's physical, mental, moral, or emotional health because:

(19) **3. CHILD SUPPORT:** Order ☐ me or ☐ my spouse to pay child support in a reasonable amount determined under the Arizona Child Support Guidelines. Order that the support obligation begins ☐ the first day of the first month following the entry of the Decree, ☐ the date of our physical separation on _____, or ☐ the date the Petition was filed. Order that payments be made through the Support Payment Clearinghouse by automatic wage assignment. If there are temporary child support orders, order a judgment for arrearages when the judge signs the Decree.

(20) **4. CHILDREN'S INSURANCE AND HEALTH CARE EXPENSES:** Order ☐ me or ☐ my spouse to pay for health, medical, and dental insurance for the children. Order the parties to pay for all reasonable un-reimbursed medical, dental, and health related expenses incurred for the children in proportion to the parties' respective incomes as set forth in the most recent Parent's Worksheet for Child Support Amount.

(21) **5. SPOUSAL SUPPORT:**

- ☐ Neither party is entitled to spousal support.
- ☐ Award ☐ me or ☐ my spouse \$_____ per month in spousal support from the other party beginning the first day of the month after the Decree is signed because he/she:
- ☐ Lacks sufficient property to provide for his or her reasonable needs
 - ☐ Is unable to support himself or herself through appropriate employment
 - ☐ Is the custodian of at least one child whose age or condition is such that the person should not be required to seek employment outside the home
 - ☐ Lacks earning ability in the labor market adequate to support himself or herself
 - ☐ Contributed to the educational opportunities of the other spouse
 - ☐ Had a marriage of long duration and is now of an age that precludes the possibility of gaining employment adequate to support himself or herself

Order that payments be made by the first day of each month thereafter and continue until the receiving party is remarried or deceased or until _____, whichever is sooner.
 Order that payments be made through the Support Payment Clearinghouse by automatic wage assignment. If there are temporary spousal maintenance orders, order a judgment for arrearages when the judge signs the Decree.

6. PROPERTY AND DEBTS:

Community Property:

(22) ☐ My spouse and I do not have community property.

☐ My spouse and I have community property. Order it divided as follows.

Description of community property:

(23) Real estate (property, home, cemetery plot, etc.) located at:

Me My spouse Equity

☐ ☐ \$_____

Legal Description: _____

☐ Sell and divide the proceeds as follows: _____% to me _____% to my spouse

(24) Bank Accounts

Balance

_____	<input type="checkbox"/>	<input type="checkbox"/>	\$_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	\$_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	\$_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	\$_____

(25) Household furniture and appliances (sofa, bed, table, large appliances, etc.):

Value

_____	<input type="checkbox"/>	<input type="checkbox"/>	\$_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	\$_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	\$_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	\$_____

	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
(26) Household furnishings (dishes, small appliances, rugs, etc.):			Value
	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____

(27) Other items:			Value
	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____

(28) Motor vehicles:			Value
MAKE: _____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
Model: _____			
Lienholder: _____			
Last four digits of VIN: _____			
MAKE: _____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
Model: _____			
Lienholder: _____			
Last four digits of VIN: _____			

(29) Pension, retirement fund, profit sharing, stock plan, or 401K plans:			
	Account description	Name on account	Value
Account 1:	_____	_____	\$ _____
Account 2:	_____	_____	\$ _____
Account 3:	_____	_____	\$ _____
Account 4:	_____	_____	\$ _____
<input type="checkbox"/>	Option 1: Give each spouse half of all benefits created by either spouse's employment during the marriage, regardless of whose name is on the retirement fund.		
<input type="checkbox"/>	Option 2: Give each spouse the retirement benefit listed in that spouse's name. The spouse not listed is to receive no retirement benefits from that fund.		
<input type="checkbox"/>	Option 3: Give each spouse the following percentage of each retirement fund.		
	% to me	% to my spouse	
	Account 1: _____	_____	
	Account 2: _____	_____	
	Account 3: _____	_____	
	Account 4: _____	_____	

(30) **Community Debts:**

☐ My spouse and I do not have community debts.

☐ My spouse and I have community debts. Order them divided as follows.

Description of debt	Me	My spouse	Amount owed
_____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
_____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
_____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
_____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
_____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
_____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____

(31) Separate Property:

☐ My spouse and/or I do not have separate property.

☐ My spouse and/or I have separate property. Order it confirmed as follows.

Description of property	Me	My spouse	Value
_____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
_____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
_____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
_____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
_____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
_____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____

(32) Separate Debts:

☐ My spouse and/or I do not have separate debts.

☐ My spouse and/or I have separate debts. Order them confirmed as follows.

Description of debt	Me	My spouse	Amount owed
_____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
_____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
_____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
_____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
_____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
_____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____

7. TAXES:

(33) Tax Status: Order that for each year before the Decree is signed, the parties file as follows (unless agreed otherwise in writing at a later date).

☐ Married filing jointly:

Tax refunds divided as follows: Me: _____% My spouse: _____%

Taxes owed divided as follows: Me: _____% My spouse: _____%

☐ Married filing separately: Each party shall indemnify and hold the other party harmless from their assigned portion of any tax liabilities absent fraud or concealment.

(34) Tax Exemptions: Divide our income tax dependency exemptions as follows:

Parent Entitled to Claim:

Me	My Spouse	Child's Name	Tax Years
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

[] [] _____
[] [] _____
[] [] _____

(35) 8. I REQUEST THE FOLLOWING OTHER ORDERS:

9. I REQUEST ANY OTHER ORDERS THAT THE COURT DEEMS APPROPRIATE.

(36) OATH AND VERIFICATION:

I have read this Petition. All the statements in it are true, correct, and complete to the best of my knowledge and belief.

My Signature: _____

State of Arizona)
)
County of _____)

Subscribed and sworn before me this date: _____ by: _____

Seal: Notary Public: _____
Notary Expiration Date: _____